

ENVELOPE POSTMARK DATE AUG 02 2000

**Political Organization
Notice of Section 527 Status**

OMB No. 1545-1693

Part I General Information

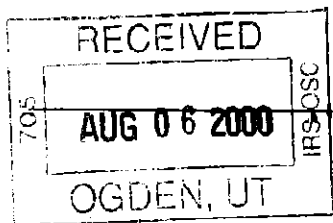
1 Name of organization Tiger - South		Employer identification number 59 3659721
2 Mailing address (P.O. Box or number, street, and room or suite number) 118 North Monroe Street		
City or town, state, and ZIP code Tallahassee, FL 32399-1700		
3 E-mail address of organization		
4a Name of custodian of records Robert F. Lee	4b Custodian's address 118 North Monroe Street Tallahassee, FL 32399-1700	
5a Name of contact person Kevin W. Watson	5b Contact person's address 118 North Monroe Street Tallahassee, FL 32399-1700	
6 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number City or town, state, and ZIP code		

Part II Purpose

7 Describe the purpose of the organization
Policial Action Committee (established under Florida law as a
Committee of Continuous Existence)

Part III List of All Related Entities (see instructions)

8a Name of related entity	8b Relationship	8c Address
Florida Education Association	Sponsor	118 North Monroe Street Tallahassee, FL 32399-1700



PANE

Part IV List of All Officers, Directors, and Highly Compensated Employees (see instructions)

9a Name

9b Title

9c Address

Maureen Dinnen

President

118 North Monroe Street.....
Tallahassee, FL 32399-1700

Robert F. Lee

Secretary-
Treasurer

118 North Monroe Street
Tallahassee, FL 32399-1700

Rita Moody

Vice Pres.

118 North Monroe Street
Tallahassee, FL 32399-1700

Mary Lopez

Vice Pres.

118 North Monroe Street
Tallahassee, FL 32399-1700

Under penalties of perjury, I declare that the organization named in Part I is to be treated as an organization described in section 527 of the Internal Revenue Code, and that I have examined this notice, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

**Sign
Here**

Signature of authorized official

Date _____



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